

STATEWIDE

Ongoing Safety Assessment 1st Round - Safety Model QA Review



**Nebraska Department of Health and Human Services
Quality Assurance**

October 2009

Overview

Nebraska Safety Intervention System: The Nebraska Safety Intervention System (NSIS) was developed with the assistance of the National Resource Center for Child Protective Services to improve our safety interventions with children and families throughout the state. Nebraska has been working with the Center since 2005 to review models used by other states, to select the model Nebraska would use, and to develop Nebraska specific materials. The model is a research based best practice model that provides workers the tools to better assess safety for children and families throughout their involvement with DHHS. More specifically, the NSIS:

- ⌚ Improves safety decisions;
- ⌚ Involves supervisors to a greater degree in all aspects of decision-making;
- ⌚ Provides clarity of purpose for initial and continuing safety assessment;
- ⌚ Provides clarity of purpose for ongoing work with families;
- ⌚ Improves the ability to assess and professionally support decisions;
- ⌚ Increases the equity and fairness for all families; and
- ⌚ Improves case planning and focus for safety related interventions.

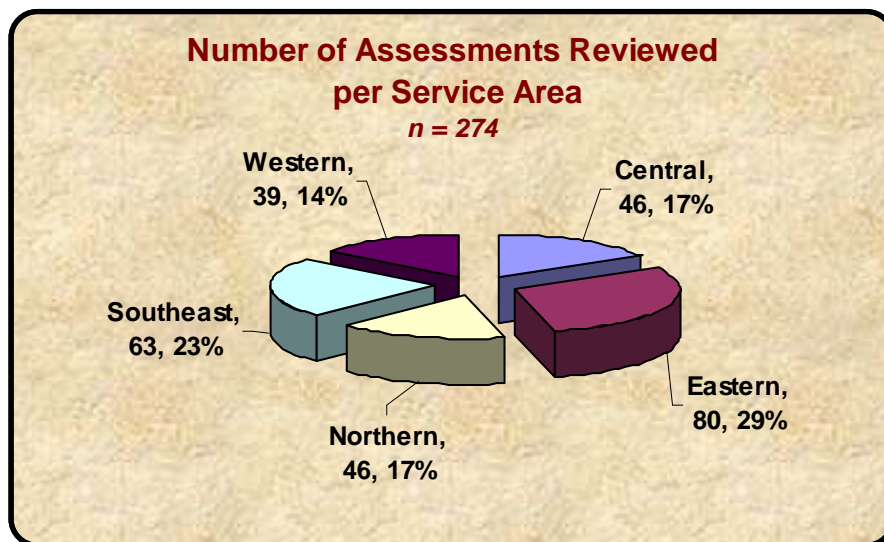
It is important to note that the model is applied to cases involving child abuse and neglect only. The NSIS is not used in cases involving youth who are committed to state custody by the juvenile justice system, unless the Youth Level of Service/Case Management Inventory indicates a safety concern in a youth's family.

NSIS implementation began in April 2007 in the Western Service Area, continued throughout the state and was fully implemented in the spring of 2008. Service areas were asked to begin NSIS implementation as soon as they completed training. Under this implementation plan, all new child abuse and neglect reports are assessed using NSIS. Each service area was also asked to develop and implement a transition plan to ensure that all current cases were evaluated using NSIS by October 2008.

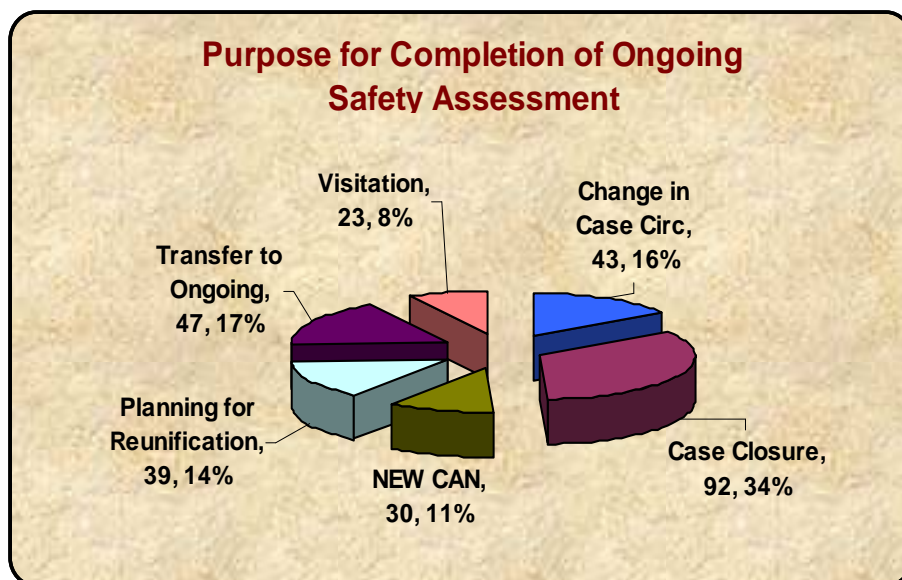
The Quality Assurance Team completed the first round of Ongoing Safety Assessment Reviews throughout the state in September 2009. The QA team planned to review 7 assessments from each OJS/Ongoing Children and Family Service Supervisor (CFSS) in each service area. However, some of the supervisors did not have 7 finalized ongoing safety assessments at the time of the reviews. A total of 274 Ongoing Safety Assessments were reviewed by the QA team.

This report contains a summary of the 274 reviews completed statewide. The report also includes some reviewer comments and observations. Charts containing the statewide data can be found in the attached file: [Statewide.Ongoing Safety QA.CHARTS.1st Round](#). Individual service area reports and charts are posted in the Yellow Pages under Children and Family Service Management Reports – [NSIS Safety Model QA Reviews – Ongoing Assessments](#).

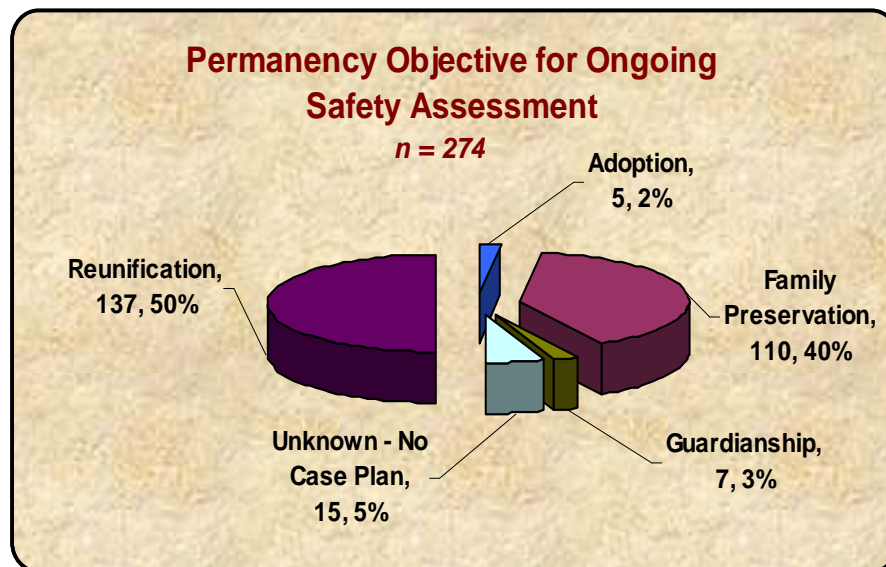
Of the 274 ongoing assessments reviewed, 46 were from Central Service Area, 80 were from Eastern Service Area, 46 were from Northern Service Area, 63 were from Southeast Service Area and 39 were from the Western Service Area.



Of the 274 ongoing assessments reviewed, 43 were completed for the purpose of Change in Case Circumstances, 92 for Case Closure, 30 for NEW CAN Intakes, 39 for Planning for Reunification, 47 for Transfer to Ongoing Services and 23 for Change in Visitation.



The following chart illustrates the Permanency Objective that was documented for the child(ren) at the time of the Ongoing Assessment.



As evidenced in the chart above, reviewers were unable to determine the permanency objective in 15 of the cases that were reviewed.

Initial Response/Contact Information (Chart 1):

Initial contact and response information was applicable in 30 out of all 274 assessments that were reviewed. A review of the 30 applicable assessments indicated the following:

- Initial contact with child victim was made within required time frame in 73% (22 out of 30) of the assessments.
- Other children in the household were present in 4% (12 out of 274) of the assessments. Other children in the household were interviewed in 67% (8 out of 12) of those assessments. Reviewers were **unable** to find any documentation to explain the lack of contact with the children in the household in 3 out of 4 of the applicable assessments.
- Nine of the assessments had a non-maltreating caregiver listed in the intake. The non-maltreating caregiver was interviewed in 89% (8 out of 9) of those assessments.
- Other adults were present in three of the assessments. These other adults in the home were NOT interviewed as part of the assessment in all three assessments (0%).
- Interviews with the maltreating caregiver occurred in 90% (27 out of 30) of the assessments.
- Interview protocol was followed in 23% (7 out of 30) of the assessments. Reviewers were **unable** to find any documentation to indicate the reason for the deviation from protocol in 87% (20 out of 23) of the applicable assessments.

➤ Reviewer Comments:

- *the contact sheet is hard to follow and suggest the same date and time of interviews for different individuals.*
- *maltreating caregiver was interviewed prior to interview with non-maltreating caregiver*
- *children were not interviewed privately*
- *other children and adults in the home were not interviewed.*

Youth and Family Frequency and Quality of Contacts (Chart 2):

Children and Family Services Specialists (CFSS) must have contact with children and families in order to accurately update and complete a safety assessment. Reviewers evaluated the typical pattern of visitation in order to determine if frequency of visits and quality of visits were sufficient to address child and family issues pertaining to safety along with permanency and well-being.

When evaluating frequency, reviewers considered Nebraska policy that requires the CFSS to have an in-person, face to face contact with child (ren) and their parents at least once per month. Reviewers consider length of visit, location of visit, private contact with child (ren) and topics being addressed during the visit in order for reviewers to determine quality of visits.

For the CFSS contact with the youth and family, the review period was defined as six months prior to the end date of the current safety assessment under review or initial safety assessment to end date of updated safety assessment. In some instances, review period may have not been six months.

- **Frequency of visits between the Children and Family Services Specialist and all children –**
Sufficient frequency occurred in 42% (115 out of 274) of the assessments.
 - Visits occurred at least twice per month in 1% (2 out of 274) of the assessments.
 - Visits occurred less than twice a month, but at least once a month in 41% (113 out of 274) of the assessments.
 - Visits occurred less than once a month in 50% (137 out of 274) of the assessments.
 - No visits occurred in 8% (22 out of 274) of the assessments.
- **Quality of visits between the Children and Family Services Specialist and child(ren) –**
Sufficient quality occurred in 41% (112 out of 274) of the assessments.
- **Frequency of visits between the Children and Family Services Specialist and mother –**
Sufficient visits occurred in 37% (94 out of 256) of the assessments. N/A was warranted for 18 reviewed assessments for the following reasons: The permanency objective was not Family Preservation or Reunification; mother was not involved in child's life in any way despite agency's efforts to involve her; or mother was deceased.
 - Visits occurred at least twice per month in 2% (6 out of 256) of the assessments.
 - Visits occurred less than twice a month, but at least once a month in 34% (86 out of 256) of the assessments.
 - Visits occurred less than once a month in 54% (138 out of 256) of the assessments.
 - No visits occurred in 10% (26 out of 256) of the assessments.
- **Quality of visits between the Children and Family Services Specialist and mother –**
Sufficient quality occurred in 54% (139 out of 256) of the assessments.
- **Frequency of visits between the Children and Family Services Specialist and father –**
Sufficient visits occurred in 13% (29 out of 228) of the assessments. N/A was warranted for 46 reviewed assessments due to the following reasons: The permanency objective was not Family Preservation or Reunification; father was not identified; father was not involved in child's life in any way despite agency's efforts to involve him; or father was deceased.
 - Visits occurred at least twice per month in 1% (2 out of 228) of the assessments.
 - Visits occurred less than twice a month, but at least once a month in 12% (28 out of 228) of the assessments.
 - Visits occurred less than once a month in 41% (94 out of 228) of the assessments.

- No visits occurred in 46% (104 out of 228) of the assessments.
- **Quality of visits between the Children and Family Services Specialist and father** – Sufficient quality occurred in 29% (65 out of 228) of the assessments.
- **Other adults residing in the home** – 26% (72 out of 274) of the assessments indicated that other adults needed to be interviewed/assessed and incorporated into the assessment. Other adults were incorporated into the assessment in 29% (21 out of 72) of the applicable assessments.

Present Danger and Protective Action (Charts 3 & 4):

- Present danger at the initial contact with the child victim and/or family was identified by CFS Specialists in seven of the reviewed assessments. The CFS Specialist documented an Immediate Protective Action (IPA) to address the present danger in all seven instances, however, 0% these IPA's were judged to be sufficient by reviewers. A review of the IPA documentation indicated the following:
 - 71% - Reason for the protective action was explained to the parent/caregiver.
 - 14% - The oversight requirement was sufficient to assure that the Protective Action was implemented in accordance with expectation and assured child safety.
 - 29% - The IPA contained parent(s)' willingness to cooperate.
 - 43% - The IPA contained a description of person(s) responsible for the protective action.
 - 29% - The IPA contained confirmation of the person responsible (trustworthiness, reliability, commitment, availability, and alliance to plan).
 - 14% - The IPA contained a description of the protective action (how it will work).
 - 29% - The IPA contained time frames (frequency and anticipated duration).
 - 100%-The IPA remained in effect until the end of the safety assessment.
- Reviewers agreed with the worker's assessment of Present Danger in 96% (263 out of 274) of the assessments.
 - Reviewer disagreed with worker's determination of present danger in 11 instances (5 instances in which the worker determined that there was Present Danger and 6 instances in which the worker determined that there was NO Present Danger).

Domains (Chart 5):

- **Maltreatment** – Sufficient information was collected in 30% (56 out of 186) of the assessments. *(Many of the assessments should have been rated as Not Applicable for this item due to the fact that there was no new information related to maltreatment at the time of the current assessment. However, this item was rated as NO due to lack of appropriate documentation in the domain).*
 - *Reviewer Comment: If there is no new maltreatment that has occurred from the prior Safety Assessment, worker needs to document **no new information related to maltreatment** under this domain. Workers should not cut and paste or summarize the same information from previous assessments.*
- **Nature** – Sufficient information was collected in 22% (50 out of 228) of the assessments. *(Many of the assessments should have been rated as Not Applicable for this item due to the fact that there was no new information related to maltreatment at the time of the current assessment. However, this item was rated as NO due to lack of appropriate documentation in the domain).*
 - *Reviewer Comment: If there is no new maltreatment that has occurred from the prior Safety Assessment, worker needs to document **no new information related to***

maltreatment under this domain. Workers should not cut and paste or summarize the same information from previous assessments.

- **Child Functioning** – Sufficient information was collected in 42% (115 out of 274) of the assessments.

➤ *Reviewer Comments:*

- *Need to include current information and address changes in child functioning since the previous assessment.*
- *If there have been no changes in this domain in between assessments, please document no changes instead of cutting and pasting from previous assessment.*
- *Summarize and incorporate information gathered from ongoing contacts with child, family and providers.*
- *Include parents and/or caregivers perceptions of the child. What conclusions can be drawn from the worker's contact with all parties regarding the child's behavior and development?*
- *Include worker observation of child(ren).*
- *Include description and information to support overarching statements surrounding child's development or behavioral difficulties.*
- *Need to assess all children living in the home.*

- **Disciplinary Practices** – Sufficient information was collected in 38% (105 out of 274) of the assessments.

➤ *Reviewer Comments:*

- *Need to include current information and address changes in disciplinary practices since the previous assessment.*
- *If there have been no changes in this domain in between assessments, please document no changes instead of cutting and pasting from previous assessment.*
- *Incorporate information gathered from ongoing contacts with child, family and providers. Include statements from providers working with the family regarding their observations of parent discipline.*
- *Describe progress family has made regarding discipline in the home. Document the barriers to progress if no changes have been made in parent discipline style.*
- *Include situation/purpose and detailed information in which the parent implements discipline for the child(ren), length of discipline, future discipline plans in assessments involving infants, children's statements of discipline in the home, patterns of discipline with older children.*

- **General Parenting** – Sufficient information was collected in 39% (107 out of 274) of the assessments.

➤ *Reviewer Comments:*

- *Need to include current information and address changes in general parenting practices since the previous assessment.*
- *If there have been no changes in this domain in between assessments, please document no changes instead of cutting and pasting from previous assessment.*
- *Incorporate information gathered from ongoing contacts with child, family and providers. Include statements from providers working with the family regarding their observations.*
- *Describe progress family has made regarding parenting styles in the home. If no progress has been made, document the barriers to enhancing parent protective capacities.*

- *Include information regarding routines within the home, include past parenting of children that may have been relinquished or terminated, family activities, parent satisfaction, parental roles.*
- *Include parenting for all individuals living in the home if they take a role in caring for the children.*
- **Adult Functioning** – Sufficient information was collected in 30% (81 out of 274) of the assessments.
 - *Reviewer Comments:*
 - *Need to include current information and address changes in adult functioning since the previous assessment.*
 - *If there have been no changes in this domain in between assessments, please document no changes instead of cutting and pasting from previous assessment.*
 - *Summarize information gained during ongoing contacts with the adults involved.*
 - *Include worker observation of parent progress and information gained from providers regarding parent progress in safety services, treatment services, therapy services, etc.*
 - *Discuss changes in parent protective capacities.*
 - *Need to include information for all adults living in the home.*
 - *Include information about employment history, financial assistance, community or family supports, Mental Health, Domestic Violence and Substance Abuse information.*
 - *Discuss the nature of adult relationships within the home (marriage and other relationships).*

Collateral Source (Chart 5):

- 271 out of 274 of the assessments indicated that information should have been collected from a collateral source. Collateral information was collected in 36% (98 out the 271) of the applicable assessments.
 - *Reviewer Comments:*
 - *Incorporate the information gained from collaterals into the assessment that supports enhancement of parental protective capacities or discusses barriers to enhancing the diminished capacities.*
 - *Collaterals include family team participants, providers working with the family, mental health professionals, etc.*

Maternal/Paternal Relatives (Chart 5): In October 2008, clarification regarding the identification of relatives was provided to the CFS and Service Area Administrators. All cases will have relatives identified regardless of the safety determination.

- Maternal relatives were identified in 60% (164 out of 274) of the assessments.
- Paternal relatives were identified in 45% (123 out of 274) of the assessments.
 - *Reviewer Comment:*
 - *Documentation needs to contain at a minimum first name, last name, and location (city & state).*
 - *Include in documentation parents' refusal to provide extended family information during assessment.*
 - *Strongly encourage workers complete the kinship narrative. Workers should also review information entered in the kinship narrative during previous assessment and update as necessary.*

ICWA (Chart 5):

- Information regarding ICWA was obtained in 67% (184 out of 274) of the assessments.
 - *Reviewer Comments: Workers need to utilize the kinship narrative and include a statement as to how ICWA information was obtained by CFS Specialist. For example, If the worker indicates that ICWA does not apply to family or N/A, the worker needs to include a statement of how they learned that it did not apply.*
 - *Examples:*
 - *Per mother/name and father/name child does not meet criteria for ICWA because of the following reason.*
 - *Father was asked about enrollment or qualification he may meet in Native American Tribe in which he denied eligibility for him or his son.*
 - *According to (parents/name), no Native American Tribal heritage exists within the family.*

Impending Danger (Charts 6 & 7):

Impending Danger at the end of the Ongoing Safety Assessment (Chart 5): The worker identified impending danger at the end of the assessment in 38% (105 out of 274) of the assessments.

- 27% (73 out of 274) of the assessments contained sufficient information to provide a reasonable understanding of family members and their functioning.
- 26% (71 out of 274) of the assessments contained sufficient information to support and justify decision making.
- 25% (69 out of 274) of the assessments contained sufficient information in the six domains to accurately assess all 14 safety factors.
 - The reviewer agreed with the worker on all of the safety factors identified “yes” in 75% (79 out of 105) of the assessments.
 - ☞ *The reviewers were unable to accurately assess all safety factors in most of the assessments due to lack of information in the domains.*
 - Within the safety factors identified “yes”, 76% (80 out of 105) contained threshold documentation for identification/justification of impending danger.
- The reviewer agreed with the worker on all of the safety factors identified “no” in 25% or 69 out of all 274 assessments that were reviewed.
 - ☞ *The reviewers were unable to accurately assess all safety factors in most of the assessments due to lack of information in the domains.*

Safety Assessment Conclusion (Chart 6):

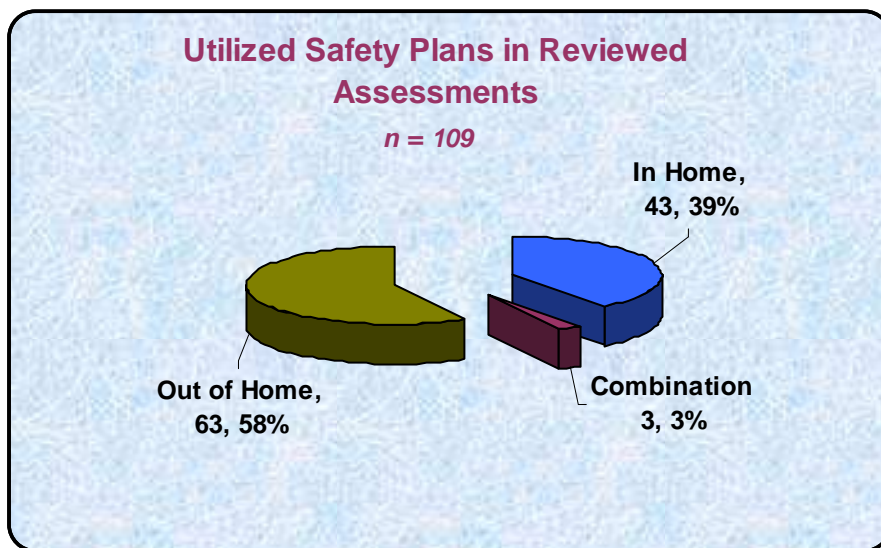
- The worker determined that the child was UNSAFE at the conclusion of the safety assessment in 38% (105 out of 274) of the reviewed assessments.
 - The reviewer agreed with the worker’s assessment of impending danger in 48% (132 out of 274) of the assessments.
 - The Reviewers disagreed with the worker’s determination of impending danger in the remaining 52% (142 out of 274) of the assessments.
 - The reviewer disagreed with the worker’s determination that the child was “SAFE” in 128 out of these 142 applicable cases (90%).
 - The reviewer disagreed with the worker’s determination that the child was “UNSAFE” in 14 out of 142 applicable cases (10%).

CFS Administrators were alerted when a reviewer had questions/concerns for the child's safety. Although the reviewers determined the majority of assessments did not contain sufficient information to determine impending danger, CFS Administrator notification was not necessary following review of the safety assessments.

Safety Plan (Charts 8 & 9):

- The reviewers agreed that the children were safe and that the safety plan was continually updated according to case circumstances until the time of the current assessment in 23% (64 out of 274) of the assessments.
- The reviewers determined that a safety plan was completed in accordance with changes in case circumstances in 52% (109 out of 210) of the remaining assessments.
- The reviewers assessed a total of **109** Safety Plans. However, it is important to note the following:
 - While the CFS specialist determined the child to be UNSAFE in 105 of the assessments, the reviewers determined that the safety plan was completed in accordance with changes in case circumstances in 83% or **87** out of these 105 assessments.
 - An updated safety plan was completed at the end of **22** assessments, even though the CFS Specialist determined the child to be SAFE at the conclusion of their assessment.

Note: Reviewers disagreed with the CFS Specialist's determination of safety in these 22 instances and most of the time it was due to NOT having enough information in the domains to adequately assess all 14 safety factors.



- 39% (43 out of 109) of the safety plans were in home safety plans.
 - 3% (3 out of 109) of the safety plans were combination safety plans.
 - 58% (63 out of 109) safety plans were out of home safety plans.
- Note:* Reviewers indicated that the CFS specialist should have considered utilizing an **in home safety plan** in one instance in which an out of home safety plan was utilized.

- ☞ Reviewers indicated that the CFS specialist should have considered utilizing a **combination safety plan** in 13 instances (5 instances in which an out of home safety plan was utilized and 8 instances in which an in home safety plan was utilized).
- ☞ Reviewers indicated that the CFS specialist should have considered utilizing an **out of home safety plan** in 8 instances (one instance in which a combination safety plan was utilized and 7 instances in which an in home safety plan was utilized).
- While 108 out of 109 safety plans contained a contingency plan, the reviewer judged the contingency plan to be appropriate in only 19% (21 out of 109) of the contingency plans.

Examples of sufficient contingency plan:

Note: The intent of having a sufficient contingency plan is to have staff think ahead, anticipate situations that might come up and make a plan to deal with them. A good contingency plan is an actual backup plan with names and information of individual(s) that will take over or complete safety actions if the original safety plan participant is unable to do so. A good contingency plan is one that can prevent the need for immediate caseworker notification or action.

For Out of Home Safety Plans:

1.) If (NAME) approved relative provider is unable to care for the (child/youth), the relative care provider will contact the child's caseworker and the child will be placed with (NAME) another identified and approved relative provider.

2.) If (NAMES) foster parents are unable to care for the (child/youth), the foster parents will contact the child's caseworker and the child will be placed with (NAME) identified respite care provider or (NAME) identified traditional or agency foster care provider.

For IN Home Safety Plans:

1.) If (NAME) relative safety plan provider is unable to be at (NAME) family home as expected from 4-6pm, then (NAME) will contact (NAME) another relative safety plan participant who will substitute for them during that time. If both are unavailable due to a family emergency then (NAME) the pastor's wife will substitute for them during that time.

2.) If (NAME) a contractor providing safety services for the family is unable to do what they agreed to do, they will notify the caseworker and (NAME) another safety service contractor will be utilized.

Examples of insufficient contingency plan:

- 1) The placement unit will need to find another placement.
- 2) Child will be made a state ward and placed into foster care.
- 3) This is an out of home safety plan and there is not a need for a backup plan.
- 4) The assigned caseworker should be contacted.
- 5) Their designee will take over
- 6) None

- Suitability of the safety plan participant(s) was completed in 67% (73 out of 109) of the assessments. Reviewer judged that there was sufficient information to support the decision made with regards to the suitability of the safety plan participants in 50% (54 out of 109) of the safety plans.
 - *Reviewer Comments:*
 - *Need to ensure suitability is completed for all participants including two-parent foster families, providers and informal supports. When appropriate, suitability must include background checks on suitability.*
- 68% (74 out of 109) of the safety plans addressed who was going to make sure the child was protected.
- 55% (60 out of 109) of the safety plans addressed what action is needed.
- 61% (66 out of 109) of the safety plans addressed where the plan and action are going to take place.
- 4% (4 out of 109) of the safety plans addressed when the action will be finished.
- 28% (31 out of 109) of the safety plans addressed how it is all going to work and how the actions are going to control for safety.
- 30% (33 out of 109) of the safety plans contained caregiver promissory commitments.
 - Promissory commitment refers to the caregiver having responsibility to manage safety when it has been determined that the situation is out of control. Assessment needs to clearly document changes that caregivers have made to suggest their ability to manage safety.*
- 53% (58 out of 109) of the safety plans involved in home services.
- All 109 safety plans included a plan for oversight, however, reviewers determined that the oversight requirement was sufficient to assure that the safety plan was implemented in accordance with expectation and was assuring child safety in only 47% (50 out of 109) of the reviewed safety plans.
- 90% (98 out of 109) of the completed safety plans were adjusted as threats increased or decreased.
- Overall, only 3% (3 out of 109) of the safety plans were judged to be sufficient by reviewers.

Protective Capacity Assessment (Chart 10):

- 23% (64 out of 274) of the cases had a protective capacity assessment completed on the system at the time of the review.
 - Documentation within the protective capacity assessments indicated that consensus was reached between the specialist and family regarding what has changed or needs to change in 31% (20 out of 64) of the completed protective capacity assessments.
 - The CFS Specialist identified the parent(s)' enhanced protective capacities in 95% (63 out of 64) of the completed protective capacity assessments.

Conditions for Return (Chart 10):

- The QA team is unable to report the data indicating whether or not conditions of return were established due to inconsistencies in the data collected for this question. Changes have been made in the review tool and instructions to ensure consistency in the collection of this data for future reports.
 - The reviewers assessed a total of 65 finalized conditions of return during this review period.
 - 94% (61 out of 65) of the completed conditions of return included circumstances and specific behaviors that must be present in the home to ensure and sustain safety.

SUMMARY

Data collected from the first round of Statewide Ongoing Assessment reviews indicated the following:

Initial Response:

- 73% - worker made contact with child victim(s) within required timeframe.
- 67% - worker interviewed all other children that lived in the home.
 - 25% - there was a reasonable explanation justifying the lack of contact with the children.
- 89% - worker interviewed the non maltreating caregiver.
- 0% - worker interviewed other adults living in the home.
- 90% - worker interviewed the maltreating caregiver.
- 23% - interview protocol was followed.
 - 13% - there was documentation indicating the reason for deviation from protocol.

CFS Contact with Child(ren) and Family during Period Under Review:

- 42% - face to face contact with child(ren) met sufficient requirements.
- 40% - when contact was made, the quality of contact with child(ren) met sufficient requirements.
- 37% - face to face contact with child's mother met sufficient requirements.
- 54% - when contact was made, the quality of contact with child's mother met sufficient requirements.
- 13% - face to face contact with child's father met sufficient requirements.
- 29% - when contact was made, the quality of contact with child's father met sufficient requirements.

Present Danger/Immediate Protective Action Plans:

- 96% - Reviewers agreed with worker's determination of present danger. Reviewer disagreed with worker in the one instance in which worker identified present danger and documented an Immediate Protective Action Plan (IPA).
- 0% - Reviewer judged the overall Immediate Protective Action Plan to be sufficient.

6 Domains/Collateral Info/Identification of Relatives/ICWA:

- 30% - sufficient information was documented in the Maltreatment domain.
- 22% - sufficient information was documented in the Nature domain.
- 42% - sufficient information was documented in the Child Functioning domain.
- 38% - sufficient information was documented in the General Parenting domain.
- 39% - sufficient information was documented the Adult Functioning domain.
- 30% - collateral information was incorporated when necessary.
- 60% - worker identified maternal relatives.
- 45% - worker identified paternal relatives.
- 67% - ICWA information was obtained.

Safety Evaluation:

- 48% - reviewer agreed with the worker's assessment of impending danger.
- 75% - reviewer agreed with worker on safety threats – safety factors marked “YES”.
- 25% - reviewer agreed with worker on safety factors marked “NO”.

Safety Plan:

- 3% - reviewer judged the overall safety plan to be sufficient.
- 50% - suitability of safety plan participant was sufficient.
- 46% - safety plan oversight was sufficient.
- 19% - contingency plan was appropriate.
- 30% - contained promissory commitments.

Protective Capacity Assessment (PCA)

- 23% - Protective Capacity Assessments were conducted.

Additional Comments & Observations:

- Safety assessment should be continuous and used to guide key decisions throughout the involvement with the family. Once safety threats have been identified, the safety assessment should continue to be used until the safety threats have been addressed. Each subsequent use of the safety assessment process to assess family safety issues should build upon the information that was gathered before, and include progress in reaching defined outcomes, meeting unmet needs, and assessing the effectiveness of strength based strategies.
- The ongoing safety assessment process incorporates and expands the initial safety assessment. Building upon the information gathered during the initial assessment (and the YLS/CMI if the safety concern is about a status or juvenile offender), the ongoing assessment explores with the family, enhanced protective capacities/strengths that can be utilized as part of the Case Plan change process. The ongoing assessment also includes an assessment of parental protective capacities to determine which protective capacities, because they are diminished, may have impact on child safety.

Observations:

- ☞ *Type of Assessment is not being documented correctly in N-FOCUS. Many of the assessments that should be labeled as NEW CAN/Safety Threats are being labeled as Initial Assessments even though they are being completed in relation to an Open Case.*
 - ☞ *Safety Assessments are not being finalized in a timely manner. Many of the assessments indicate several month gaps between the begin date and the end date of the safety assessment. In many of these instances, the assessment was not updated to reflect the current case circumstance at time of the finalization of the assessment.*
 - ☞ *Safety Assessments do not contain enough information to accurately assess all 14 safety factors.*
 - ☞ *Safety Assessments do not include information about enhanced protective capacities or include enough information to evaluate the status of diminished parent/caregiver protective capacities to judge whether progress and changes require an adjustment to the safety plan.*
- CFS Specialist does not need to cut and paste information from previous safety assessments. Complete a safety assessment, building on the information gathered previously, to determine if previously identified safety threats have been eliminated, reduced or increased in severity or if new safety threats have emerged.

Observations:

- ☞ *Information reflecting current case circumstances are not being incorporated into the assessments.*
 - *Several of the assessments that were reviewed contained information that was cut and pasted from previous assessments, some of which indicated a different safety conclusion even though the information was identical to the previous assessment.*
 - *Several of the assessments contained general comments in the domain and did not incorporate current information gathered from children, families, providers and other collateral contacts even when that information was documented in required contacts in N-FOCUS.*

- CFS Specialists need to evaluate the safety thresholds as if the children were residing in parental care without service intervention.

Observations:

☞ *In some instances, children are determined to be SAFE because of the services in place. For example: Upon completion of an updated safety assessment, CFSS concludes there are no safety threats due to implemented services and supports wrapped around the family, even though parent protective capacities have not been enhanced and safety threats would be present in the absence of those services.*

- Safety plans are to be implemented and active as long as threats to child safety exist and caregiver protective capacities are insufficient to assure a child is protected. If CFSS concludes there is no impending danger (child is safe), implementation of a safety plan is not necessary.
- A safety plan must: Control and manage impending danger; incorporate and control any present danger controlled by Protective Action; have an immediate effect; be immediately available and accessible and have supports and services that have immediate effect of controlling for identified safety threats. Safety plans must NOT have promissory commitments.
- Children and Family Services Specialist (CFSS) is responsible for oversight of the Safety Plan. Safety Plans will be monitored continuously, but no less often than once a week prior to completion of the assessment. Monitoring of the Safety Plan will involve face to face contact with the child and family and phone calls to Safety Plan participants. This monitoring may be done by the CFSS, or other person designated by the CFSS to provide monitoring. An individual Safety Plan participant cannot be designated to monitor the Safety Plan. As progress is demonstrated toward achieving the identified outcomes, the Safety Plan may be monitored less frequently, but no less than once a month. All monitoring activities will be documented and maintained in the case record. If monitoring is done by someone other than the CFSS, the CFSS will review the monitoring reports at least once a week.

☞ *Need to adjust/update safety plans based upon the review and re-evaluation of safety assessment.*

☞ *Safety plan document must be completed thoroughly and contain sufficient information to assure child safety.*

☞ *Safety plan document must include suitability of safety plan participants.*

- CFSS must complete a protective capacity assessment (PCA) for a family in which a child has been determined to be unsafe. The PCA is an assessment to determine the enhanced and diminished protective capacities within the family

☞ *The PCA needs to be completed and documented on N-FOCUS within 60 calendar days of the initial custody date or 60 days from the begin date of the initial safety assessment.*

- When children are residing outside the parent's/caregiver's home as part of a Safety Plan, everyone involved, especially the child's parents/caregivers, should be well informed about what conditions (circumstances that must exist in the home) are for the child/youth to be returned to the home.

☞ *Conditions for return need to be developed for children who are expected to be placed outside of the parental home for longer than 30 days. Conditions of return need to be completed and documented on N-FOCUS within 60 calendar days from the removal.*

Reviewers Overall Analysis and Conclusion of the Work:

For the purpose of a case review, the reviewer assessed the following information based on their review of the case. This part of the review contains the same information as those included in the Supervisory Review of the Nebraska Safety Assessment.

Category	%
The Nebraska Safety Assessment Instrument was completed correctly and completely	11%
Documentation is on N-FOCUS	98%
Required Time Frames were met	17%
A reasonable level of effort was expended given the identified safety concerns.	20%
Safety of the child/youth was assured during the assessment process.	24%
Sufficient information was gathered for informed decision making	22%
Available written documentation was obtained from law enforcement/others as approp.	67%
ICWA information was documented	68%
Information was obtained about non-custodial parent, relatives, and other family support.	38%
An Immediate Protective Action was appropriately implemented to assure child safety.	43%
A Safety Plan was appropriately completed and implemented to assure child safety.	11%
A Safety Assessment was documented in accordance with required practice.	12%
A Protective Action was documented in accordance with required practice.	11%
A Safety Plan was documented in accordance with required practice.	4%
The family network and others were appropriately involved in the gathering of information.	38%
The family networks and others were appropriately involved in developing Safety Plans.	66%
Policy and procedures related to safety intervention were followed.	14%
Safety plan is sufficient to protect child from threats of severe harm.	6%
Efforts to coordinate with law enforcement were documented.	100%
Interview protocols were followed or reason for deviation were documented.	27%
The appropriate definition was used in making the case status determination.	97%
The finding was correctly documented in N-FOCUS	97%
Factual information supports the selected finding.	97%